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ABSTRACT

Leading a series of in-depth technical assistance papers on improving the quality in early care and education programs, this brochure is designed to help local communities consider the most effective strategies in designing and implementing programs that improve child care quality. A quality enhancement approach is taken whereby communities begin with the basic components and revise the program at certain intervals to incorporate lessons learned as well as expanded components to improve the experience for participants and provide improved fiscal responsibility. Developing a short- and long-range plan with timelines for each new quality strategy ensures a systematic implementation of program components. The brochure begins with a description of quality enhancement and illustrates how licensed facility levels and accreditation influence program quality. A 10-item annotated bibliography provides information regarding on-site consultation and the use of telephone interviews for assessing program quality. The brochure also describes lessons learned by the North Carolina Smart Start initiative, identifying early childhood activities related to children's skills upon kindergarten entry (for example, enhanced subsidies for higher child care quality or higher teacher education, and license upgrades) and activities not related to children's skills (for example, director administrative training, enrichment activities, teacher substitutes, playground safety). The basic components of quality enhancement are described: (1) joint assessment for learning environment improvement; (2) provision of extensive, on-site technical assistance; (3) planning for and implementation of professional development; and (4) license upgrades. Expanded components include: (1) substitute programs; (2) professionalism; (3) leadership development; and (4) financing and business management. The brochure concludes with a discussion of workforce issues and a presentation of data supporting quality improvement. (KB)

Child Care



PROGRAM SERVICES PAPERS

QUALITY ENHANCEMENT: AN OVERVIEW

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The purpose of this paper is to help local communities consider the most effective strategies in designing and implementing programs that improve the quality of child care. None of these suggestions is a "quick fix" or inexpensive. Communities must be willing to commit time and resources to develop learning environments, an educated and reasonably compensated workforce, and high social expectations for quality care to produce the best early care and education possible for our young children.

What is Quality Enhancement?

Quality Enhancement consists of a series of components that improves the quality of child care. Child care improved in this way has a direct impact on children's successful entry into school. Of most importance are education and compensation of staff, improved licensing compliance and rating, and reduction of turnover. Other components strengthen quality enhancement programs and may be added as time and funding permit.

Influencing Factors

Each state and/or community can identify areas of early care and education where improvements are needed. As communities look at the issues, some common ones surface and can be addressed by local, state, or national projects. It was evident when North Carolina's Smart Start program began that major improvements were needed in child care. Smart Start's goal is to assure that children enter kindergarten ready to succeed. Over time, data collected from various approaches — research, improved licensing standards, Smart Start activities, and some trial and error projects—supported the benefits of high quality child care and helped establish the most effective methods for improving care. Smart Start activity components producing the most successful results in raising child care quality have been promoted across the state. State and national research supports the experts' belief that higher quality care is essential for children to enter school ready to succeed. The following were considered in the development, implementation, and ongoing revision of activities designed to improve early care and education in North Carolina.

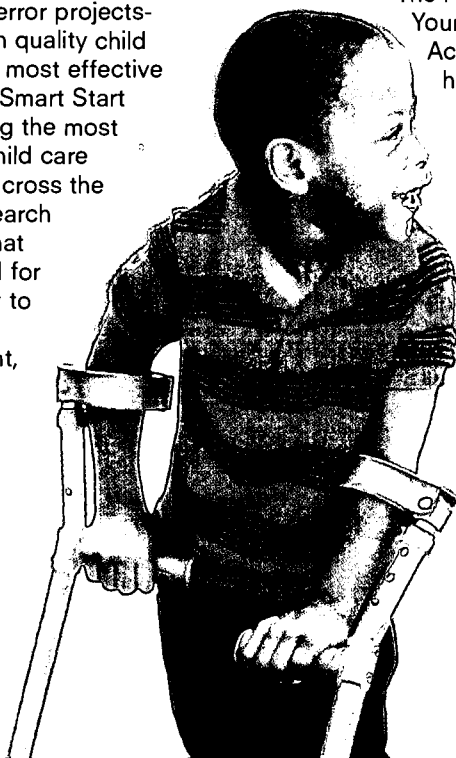
Licensed Facility Levels and Accreditation

Regardless of what state a person lives in, child care licensing levels should reflect the quality of care provided, from minimal to outstanding. Believing that more definition was needed, North Carolina established the star rating system for licensing child care centers and family child care homes to assist parents and caregivers in recognizing the specific quality level of each site. North Carolina's star rating system addresses three areas: programming, compliance history, and teacher education. Points are given in each category for achieving certain milestones. When added together, the child care facility receives a score which then translates into a 1, 2, 3, 4, or 5 star license. The more points, the more stars, and therefore the higher the quality of services available for children and families. To achieve the highest level, a 5 star, a comprehensive approach involving high staff education levels, environment rating scale assessments, and parent involvement must be incorporated. A high rating for compliance history is also required.

Looking at research and best practices internationally, the star rating system design was reviewed by experts inside and outside of North Carolina to address quality components. While many child care facilities (centers and family child care homes) have achieved 4 stars or higher licensure, the majority remain at 3 stars or less including G.S. 110s (church exempt status). Local Smart Start programs utilize a variety of strategies to help facilities improve their licensure. Once a 5 star license is obtained, the next increase in quality is available through national accreditation.

Child care facilities, including homes, centers, and half-day preschools, that believe in high quality have the option of working toward national accreditation.

The National Association for the Education of Young Children (NAEYC) sponsors the Academy which accredits centers and half-day preschools based on the quality of their programs. Family child care is accredited through the National Association of Family Child Care (NAFCC). Montessori Schools for young children also have an accreditation available. These standards help child care personnel and families identify qualities that should be included in high quality care programs for young children. In the absence of mandated national standards, voluntary national accreditation provides common high quality standards throughout the country.



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Workforce Issues

Many child care workforce issues impact the quality of care provided. Teacher education affects the ability of the teacher to offer the most developmentally appropriate curriculum, materials, equipment, and teacher/child interactions. Staff compensation, which includes salary and benefits, has a major effect on job satisfaction and whether child care staff remain in their positions. Where compensation is poor and jobs are plentiful, turnover rates are high. Low wages and nonexistent benefits attract a less-qualified employee pool. Most child care staff qualify for some form of public assistance. Many have no health insurance and receive few, if any, paid sick days. Even teachers with degrees working in child care cannot be assured of receiving living wages or benefits. Excellent teachers, especially those who are single parents, may have to leave the field to support their families through a higher paying job with more benefits. When stable, consistent care for the children is compromised by turnover, quality levels decrease. In 2001, the North Carolina Partnership for Children commissioned a Statewide Child Care Workforce Study and findings are hopeful. More child care teachers and home providers are returning to school than ever before and wages are rising slightly. Turnover, although still high, is being reduced in those counties where wage supplement programs exist.

Resources/Research

With the problems identified, what potential data supports improving quality?

Longitudinal Studies

Several long-term longitudinal projects which followed students over more than 20 years concluded that the recipients of high quality child care had more productive lives through more consistent gainful employment, more home ownership, less incarceration, less welfare participation, and more attainable goals. These improved values are being passed on to the next generation. For more information on each study:

- **U.S. Head Start Bureau**
<http://www.acf.dhhs.gov/programs/hsb>
- **Perry Preschool Project**
<http://www.highscope.com/research/RESPER.HTM>
- **Abecedarian Study**
<http://www.fpg.unc.edu/~abc>
- **Child-Parent Center Program**
<http://www.waisman.wisc.edu/cls/index.html>

Research

Cost, Quality and Outcomes Study

In 1995, the University of North Carolina at Chapel Hill's Frank Porter Graham Child Development Center (UNC-FPG) and the University of Colorado studied child care in four states including North Carolina. Findings indicated low quality care related to low teacher education and pay levels as well as ill-equipped sites. High quality care was found in places that employed more highly educated staff, paid a higher wage and equipped centers with appropriate materials.
www.fpg.unc.edu/~NCEDL/PDFs/CQO-tr.pdf

A Six County Study of the Effects of Smart Start Child Care on Kindergarten Entry Skills, University of North Carolina-Frank Porter Graham, September 1999

According to the report, children receiving Smart Start services "...did have significantly better cognitive and language skills than Comparison children when they entered kindergarten." (Executive Summary) In addition, "the findings suggest that Smart Start efforts need to be directly related to improving the quality of child care if they are to have an effect on children's school entry skills...the type — not just the quantity — of Smart Start (services) is important." (Executive Summary) Researchers identified the following activities as most directly relating to children's skill improvement: enhanced subsidies for higher child care quality, enhanced subsidies for higher teacher education, license upgrades, on-site technical assistance, quality improvement and facility grants, T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project, teacher education supplements, and teacher salary supplements.
<http://www.fpg.unc.edu/~smartstart/reports.html>



Child Care

"Innovative Practices: Providing On-Site Consultation to Promote Quality in Integrated Child Care Programs," Patricia W. Wesley, Journal of Early Intervention, 1994, Volume 18, No. 4, pp. 391-402

Wesley describes research concerning the on-site consultation model as a strategy for training and staff development to improve the quality of care in programs for young children with and without disabilities. "Project consultants learned that repeated on-site visits were also critical in identifying individual and systems-level barriers to implementing change." p.393

"Improving Quality in Early Childhood Environments Through On-Site Consultation," Sharon A. Palsha and Patricia W. Wesley, Topics in Early Childhood Special Education, 1998, 18:4 pp. 243-253

Through the Inclusion Partners Project, community consultants, trained in the on-site consultation method, produced successful results in assisting child care programs in improving quality. "A strength of the model was the consultants' ability to tailor the technical assistance they provided to the consultees' unique needs and varied work environments." p. 248

Interview Research and Reactions

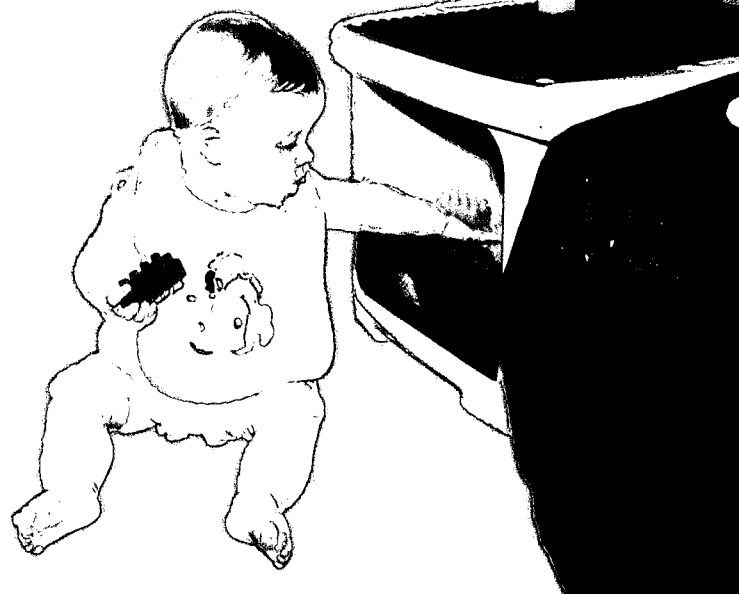
"Assessing child-care quality with a telephone interview," Susan D. Holloway, Sharon L. Kagan, Bruce Fuller, Lynna Tsou, & Jude Carroll, Early Childhood Research Quarterly, Volume 16 (2001), Issue 2, pp. 165-189

This study looked at the possibility of using a telephone interview to assess the quality in child care centers and homes. Although the authors are in favor of using phone interviews, they concluded that while this type of interview "...is much more time efficient and cost effective...clearly a telephone interview can never come close to providing the insights that would result from a thorough case study...." p. 186

"A good word for the telephone," Bettye M. Caldwell, Early Childhood Research Quarterly, Volume 16 (2001), Issue 2, pp. 237-240

Caldwell is optimistic about the potential of telephone interviews for initial assessment of child care quality; however, she cautions readers to continue using the on-site method "...to allow those detailed observations, which alone provide a true picture of child care quality, to be made. ...a telephone interview can save time and money in research studies...and it is good to know that a reliable and valid one is now available." p. 239

"Practitioner perspective: assessing child care quality with a telephone interview," Karen W. Ponder, Early Childhood Research Quarterly, Volume 16 (2001), Issue 2, pp. 241-243



Ponder believes a variety of assessment methods must be employed. "Practitioners and researchers must think carefully about why they are assessing quality and select the measure that best meets the particular purpose." (p.242) The author is encouraged by the idea of using the telephone method at the beginning of the technical assistance process. It "...meets a critical need and is appealing for its capacity to reduce the time and costs associated with measuring quality." Ideas for use include: "...to make an initial decision about the kind of technical assistance that is likely needed, the types of programs to focus on first, or specific areas of the community that should be targeted for quality improvement efforts based on the greatest needs. It could also be beneficial as a tool for checking the quality between classroom observations." p. 243

For those sites reluctant to allow observational entry, all three Early Childhood Research Quarterly articles discuss the friendliness of the telephone approach for providers.

Resources

"Where Your Child Care Dollars Go," National Association for the Education of Young Children, 1992, #545

This brochure discusses the cost of child care and its relation to producing quality programming for young children.

"Child Care Arrangements for Children Under Five: Variations Across States," Jeffrey Capizzano, Gina Adams, and Freya Sonenstein, The Urban Institute, New Federalism: National Survey of America's Families, March 2000

The survey results indicate that children are in parent/relative care, center care and family child care in varying proportions across the states as well as across economic groups. Among the authors'

conclusions: "The high utilization of child care reinforces the need for policymakers to pay close attention to the experiences of children while they are in child care." p. 11
http://newfederalism.urban.org/html/series_b/b7.html

"Three Out of Four Young Children of Employed Moms in Nonparental Child Care," The Urban Institute, Press Release, March 8, 2000

In promoting the above data and other surveys, this press release helps identify policy implications. "Child Care is now a significant component of social policy, due to the growing proportion of women in the workforce, new work requirements in welfare policies, bigger federal and state roles in supporting child care services for low-income families, and concern about school readiness." p. 1
<http://www.urban.org/news/pressrel/pr000308.html>

Lessons Learned

Since 1993, North Carolina's Smart Start initiative has funded a variety of efforts to determine which early childhood activities might be the most helpful for children to find success in school. As previously mentioned, in 1999 the UNC-FPG Evaluation Team assisted in that process by assessing children's skills upon kindergarten entry and reviewing which Smart Start funded activities were available in their former child care facilities. They concluded that to improve children's skill levels, it is necessary to use a multifaceted approach of very specific "direct" activities: "enhanced subsidies for higher child care quality, enhanced subsidies for higher teacher education, license upgrades, on-site technical assistance, quality improvement and facility grants, T.E.A.C.H.®, teacher education supplements, teacher salary supplements." (p. 6)

The activities they observed and categorized as "supportive" were less effective in achieving school readiness: "CPR training, developmental screenings, director administrative training, enrichment activities, expansion and startup grants, health and safety assessments, playground safety, teacher substitutes, transportation, specialists, subsidies (not tied to quality), workshops." This evaluation spurred efforts at the local and state levels to rethink time and

money dedicated to "support" activities and to implement activities that provide a more "direct" benefit.

The process of on-site technical assistance was refined over the years based on both research findings and successful experiences. On-site consultation training for community consultants, conducted by the Inclusion Partners Project at UNC-FPG, found that both researchers and community consultants could obtain the same long lasting benefits in helping child care staff improve quality in the classroom. Building the capacity of the child care staff to continue improvements in the absence of the consultant should be the number one goal of any quality improvement initiative. Sustainable change is of the utmost importance.

Quality Components Addressing Improvement

This paper has explored the need for improvement in early care and education facilities based on research and best practices. Quality enhancement is a comprehensive approach to delivering activities that improves the quality of any type of early care and education program. As each community undertakes this improvement effort, programmatic, fiscal, and administrative benefits for early care professionals and children must be considered. Children benefit most when quality programming begins as soon as possible, both at home and upon entry into a formal child care arrangement.

Enhancement activities can be offered by several sponsors if the integration of services is addressed in planning and service delivery. Coordination and cooperation among agencies is key for a multi-sponsored program to be successful. An equally important factor is the design of the program to include early care and education staff as integral "members" in the enhancement collaboration. Change is sustained through this collaboration/coordination. In North Carolina, quality enhancement programs tend to be offered through child care resource and referral agencies, local Smart Start partnership offices, or a combination of service providers.

As discussed above, there are many quality components from which to select. Which ones are the most effective in producing sustainable change? The components have been separated into Basic and Expanded categories. Beginning with Basic Components, which should be included in any quality enhancement program, has proven to be an efficient method, producing the most effective results. The Expanded Components can be added as time and money permit; however, this is not to suggest they are less important, only that including these initially do not produce the same level and quantity of results as can the Basic Components. Despite this, quality enhancement efforts are



strengthened when Expanded Components complement Basic Components.

Basic Components of Quality Enhancement

While the Basic Components may be implemented concurrently, they are most effective when sequentially introduced as early care and education staff begin to master each component.

1. Joint Assessment for Learning Environment Improvement

This first step can involve the use of several strategies:

- ☐ application describing facility needs and resources
- ☐ telephone interviews to establish basic information
- ☐ Rating Scales:
 - Infant-Toddler Environment Rating Scale[®]
 - Early Childhood Environment Rating Scale[®]
 - Family Day Care Rating Scale[®]
 On-site observation instruments conducted at both the outset and conclusion of the project to determine the strengths and needs of each classroom and outdoor environment available to children using the rating scales developed by Harms, Clifford and Cryer.
- ☐ Teacher/child interaction scale

2. Provision of Extensive, On-site Technical Assistance (TA)

Consensus between staff, director and consultant is reached about needed materials, equipment, programmatic and procedural changes, and other staff/consultant-generated ideas. The staff prioritizes needs based, first, on crucial health and safety changes identified, then other low scoring learning environment items, ability to complete the changes in specific timeframes, and amount of funding available. Some consultants model best practices for the teachers/home providers while others videotape the staff followed by a joint critique to identify strengths and areas for improvement. An initial goal is for teachers to have access to a consultant who will give suggestions

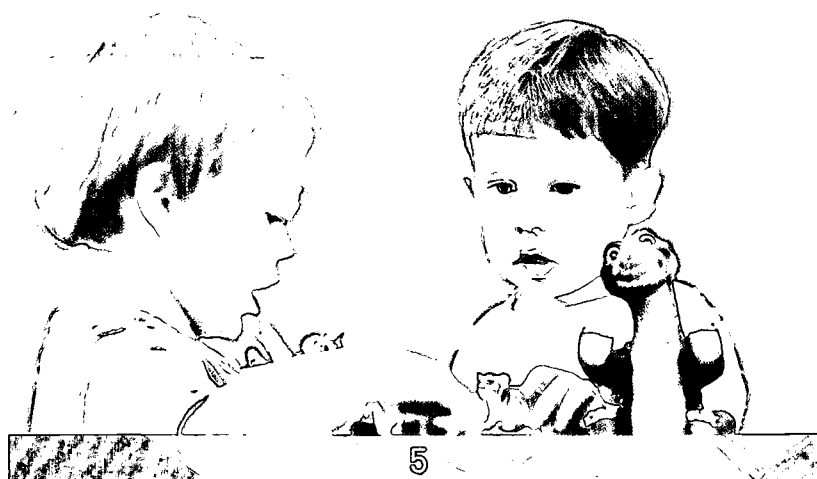
for improving classroom experiences for children. However, the long term goal centers on building the capacity of the staff — developing skills to use in the absence of the consultant. Teacher/child interaction is the most difficult to improve and brings tremendous rewards for teacher and children when it occurs. Technical assistance is provided by:

- ☐ Quality Enhancement Consultants
Primary project contact who helps each participant through the process to maximize his/her success
- ☐ Child Care Health Consultants
Consultant specifically focuses on health and safety improvements, policy development, and record-keeping
- ☐ Inclusion Specialists
Engaged to assist specific children with skill development and build the capacity of parents and caregivers to provide optimal learning environments for that child. They also need to help the child care facility focus on changes to make the site more accessible, inclusive, and welcoming for children and their families with special needs.

3. Planning for and Implementation of Professional Development

Assessment of professional development needs and creating action plans are crucial to long term continued quality improvement. Improving job satisfaction, reducing staff turnover rates, and increasing compensation (wages and benefits) is related to the level of professional development achieved:

- ☐ Professional Development Plans
Both the site and individual staff should have professional development goals, as well as action steps and timelines for meeting those goals.
- ☐ Credential or degree acquisition
Consultants offer customized support, as requested by individual staff, when registering for early childhood courses and act as a sounding board as teachers/directors progress through their plan.



Child Care

☐ Mentoring

Connecting an experienced, well-paid, competent teacher (mentor) with a less experienced teacher (mentee) can have benefits for both participants. Mentors benefit from the networking, helping to improve quality in child care, and sometimes receive financial compensation. Peer support is vital to the mentee to maximize learning experiences from formal education as well as quality enhancement project participation.

- ☒ T.E.A.C.H. Early Childhood® Project or local teacher support programs
Consultants connect directors and staff to T.E.A.C.H. Early Childhood® Project or other local or state scholarships to help pay for their tuition, books, mileage, substitutes, and by sharing information on T.E.A.C.H. Early Childhood® Project health insurance participation.

- ☒ WAGES® Project or local salary supplement programs
As teaching staff achieve their professional development goals, local partnerships or statewide programs can support increased salary and benefits by designating dollars to salary supplement programs, such as the WAGES® Project.

4. License Upgrades

- ☐ Site plan and individual classroom plan
Reducing the child to staff ratio is a large hurdle that requires much planning since it affects the income of the center. The compliance history, available from the state

regulatory agency, should be reviewed and action steps and/or policies and procedures created to prevent previous compliance issues from arising again.

☐ Facility grants

Improved indoor/outdoor materials and equipment, drainage, landscaping for learning environments (i.e. gardening, small ponds/pools for fish, frogs, etc), and teacher resources can increase the points needed for higher levels of licensing.

☐ Increased licensure

Through the various strategies, sites increase their points, apply for, and achieve higher licensure levels that can lead to increased subsidy reimbursement commensurate with the licensing level. In addition, sites may choose to apply for national accreditation status.

☒ Maintenance

Once a site meets the desired licensing level, maintenance costs of that level must be determined for the site to institute a plan to assure quality will not drop when project participation ends and that the higher licensure level can be sustained.

Expanded Components

- ☒ Substitute Programs — see **"Creating A Successful Substitute Program,"** NCPD TA paper
- ☒ Professionalism
 - ☐ Release time for professional development
 - ☐ Continuing education workshops
- ☒ Leadership Development for Management and Staff
 - ☐ Training for child care personnel on local, state, and federal policy development, implementation, and analysis
- ☒ Financing and Business Management for Directors
 - ☐ Multiple funding streams to improve facility income
 - ☐ Awards for increased licensure
 - ☐ Enhanced subsidies reflecting higher licensure status and/or teacher education



SMART START'S VISION

EVERY CHILD IN NORTH CAROLINA WILL ARRIVE AT SCHOOL HEALTHY AND PREPARED FOR SUCCESS

WHY IS QUALITY ENHANCEMENT IMPORTANT?

Quality enhancement programs tend to be progressive in nature. Communities begin with the basic components and revise the program at certain intervals to incorporate lessons learned as well as expanded components to improve the experience for participants and provide improved fiscal responsibility. Since each component carries specific costs, local communities will add components when financial resources are available. Developing a short- and long-range plan with timelines for each new quality strategy will ensure a systematic implementation of program components. Communities that weave many components together and continue to refine successful strategies experience ongoing higher quality care for young children in their communities. Focusing on program components or characteristics that will improve staff education (thereby allowing teachers to offer more developmentally appropriate curriculum) and compensation (which helps create more stable environments) improves the care of young children.

This overview leads a series of in-depth Technical Assistance papers on improving the quality in early care and education programs. Other topics in the series include: Creating a Successful Substitute Program, Child Care Health Consultation, Assessment and On-Site Technical Assistance, Assessment and Professional Development, Professionalism, Leadership Development for Management and Staff, Financing and Money Management for Directors.



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